

VOLUNTARY SURRENDER OF PHARMACY TECHNICIAN TRAINEE REGISTRATION

RE: CASE NO. 2018-0137
LUPITA TORRES
REGISTRATION NO. 26233

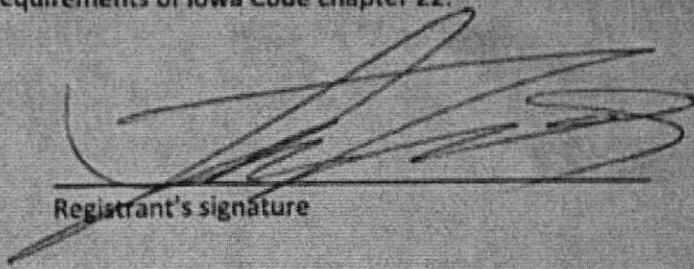
I have read and agree to all of the following:

1. I have been issued an Iowa pharmacy technician trainee registration by the Iowa Board of Pharmacy ("Board").
2. It is my desire to surrender my pharmacy technician trainee registration effective immediately.
3. The surrender of my pharmacy technician trainee registration is voluntary and not the result of force, threats, or promises.
4. I am of sound mind and have the mental capacity to understand the consequences of surrendering my pharmacy technician trainee registration.
5. I have been informed of the Board's pending complaint against me regarding my deferred judgment for fraudulent practices in 2017 and my failure to fully disclose it on the application I submitted to the Board.
6. I am aware of the Board's legal authority to discipline my pharmacy technician trainee registration, up to and including revocation of my pharmacy technician trainee registration, at the conclusion of the Board's investigation of the pending complaint and after the issuance of disciplinary charges.
7. I understand that I have an opportunity to be heard and to contest the allegations against me in a contested case hearing before the Board, but waive the right to a hearing and all attendant rights, including the right to present evidence, cross-examine witnesses, and seek judicial review, by surrendering my pharmacy technician trainee registration.
8. I understand that I have the right to be represented by counsel in this matter.
9. I understand the surrender of my pharmacy technician trainee registration is considered a revocation of my pharmacy technician trainee registration pursuant to 657 IAC 36.8. I understand the surrender of my pharmacy technician trainee registration is disciplinary in nature and is considered adverse action.
10. I understand the Board is required by federal law to report this surrender to the National Association of Boards of Pharmacy's Disciplinary Clearinghouse and the National Practitioner Data Bank.

11. After I sign this document, I do not have the ability to work in a pharmacy in Iowa in any capacity unless and until my registration is reinstated.

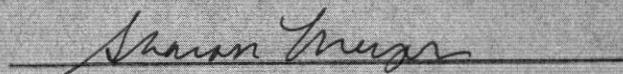
12. I understand that any future request for reinstatement will be governed by the Board's rules regarding reinstatement described in 657 IAC 36.8.

13. I understand this document is a public record and is available for inspection and copying in accordance with the requirements of Iowa Code chapter 22.



Registrant's signature

This voluntary surrender is accepted by the Iowa Board of Pharmacy as a resolution to the referenced complaint on the 12th day of March 2019.



Chairperson
Iowa Board of Pharmacy